MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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49								99						
50								100						
TOTAL IND.			3					TOTAL IND.						
TOTAL DEP.				/				TOTAL DEP.						
TOTAL CLAIMS			2 /					TOTAL CLAIMS						

BEST AVAILABLE COPY